HOPE +UNITY+ ACTION = COMPASSION
Utah AIDS Foundation

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Utah Medicaid Pharmacy and Therapeutics Committee
Utah Department of Health, Division of Medicaid and Health Financing
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114-3102

Dear Pharmacy and Therapeutics Committee,

As HIV care advocates comprised of clinicians, case managers, and HIV service providers, who care for patients who rely on Medicaid coverage, we are writing to strongly urge your support in ensuring Utah Medicaid not to restrict access to antiretroviral medications by placing them on the non-preferred drug list.

Remarkable scientific advances have led to highly effective treatment for HIV infection, and it is now definitively clear that early and sustained treatment resulting in viral suppression is critical to keep patients healthy, mitigate and contain costs of long-term complications and reduce the spread of this infectious disease.[i, ii, iii] Despite these treatment advances, too few patients are fully benefiting from HIV treatment with the CDC estimating that just 30% of people living with HIV in the U.S. are virally suppressed.[iv]

Due to the complexities and rapid evolution in HIV treatment standards, the U.S. Department of Health and Human Service's maintains *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* that are widely recognized as setting the standard for HIV treatment in the U.S..[v] This is a living document that is updated as new research and treatment options become available.

Restricting access to the DHHS preferred HIV treatment standards for Medicaid beneficiaries with HIV may have permanent consequences for future treatment options. Unlike other conditions which requires patients to try and fail on less expensive treatment regimens before a newer, perhaps more expensive treatment is implemented is detrimental and never appropriate to those individuals living with HIV. Failure to decisively treat HIV results in the development of drug resistant virus and potentially irrevocable harm to the patient's immune system.

Many patients with HIV have serious comorbidities in addition to unique physiological factors that determine the treatment course of HIV to most effectively suppress the virus. The clinician, caring for the patient as a whole, will decide which antiretroviral agents will most effectively suppress the virus. HIV clinicians and their patients must have open access to the full range of medications available to decisively and successfully treat HIV.

The restriction of single tablet regimens (STRs) by removing them from the preferred list and only listing their components separately can have drastic negative impacts on medication adherence. The justification of "breaking up" STRs as a cost saving strategy is counterintuitive because this leads to reduced adherence which in turn leads to increased viral mutation resulting in additional hospitalizations. Breaking up STRs also contradicts the DHHS guidelines which states all

"recommended" HIV medication regimens are once-daily.[v] We encourage a broader view when attempting to balance costs and adherence for people living with HIV.

Please promote the highest quality of HIV care for Utah Medicaid beneficiaries by leaving critical treatment decisions to HIV clinicians and their patients. Thank you for your consideration. Please consider Jared Hafen, Utah AIDS Foundation's Programming Director, a resource on this and other issues related to HIV care and treatment. Jared may be reached by phone at 801-487-2323 or by email at Jared@UtahAIDS.org.

Sincerely,

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[i] INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. Jul 20 2015. Online at: http://www.ncbi.nlm.nih.gov/pubmed/26192873.

[ii] Temprano ANRS 12136 Study Group. A trial of early antiretrovirals and isoniazid preventive therapy in Africa. N Engl J Med. Jul 20 2015. Online at: http://www.ncbi.nlm.nih.gov/pubmed/26193126.

[iii] Statement by the HHS Panel on Antiretroviral Guidelines for Adults and Adolescents Regarding Results from the START and TEMPRANO Trials. July 28, 2015. Online at: https://aidsinfo.nih.gov/news/1592/statement-from-adult-arv-guideline-panel---start-and-temprano-trials

[iv] AIDS.gov. HIV/AIDS Care Continuum. Online at: https://www.aids.gov/federal-resources/policies/care-continuum/.

[v] Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents. Department of Health and Human Services. Online at: https://aidsinfo.nih.gov/guidelines.